## MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ACDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing. Emiliate to casolitical inventor(s) ADDRESS CHANGE (Complete only if there is a change) <del>QOOM</del> 1. CORRESPONDENCE ADDRESS INVENTOR'S NAME lence is being deposited with the herapy cartity that this correspon lirst class mail in an envelope add Service with sufficient postely ends Box 1960E FE 34M2/Q711 CO-INVENTOR'S NAME ane 4 11 1400 K ST., 2023 Street Address - V WASHINGTON, DC 20005-2477 JUL 1 4 1995 City, State and ZIP Code WATSON, COLE et al Check if additional changes are on reverse side (etaCl SERIES CODE/SERIAL NO. FILING DATE **EXAMINER AND GROUP ART UNIT** TOTAL CLAIMS DATE MAILED 08/243,483 BRINSON <del>ීර් parcen making dapos</del> First Named **Applicant** <u>MEZZALIRA</u> RINALDO TITLE OF INVENTION HAIN MESH NETWORK HOSE (अंद्र्य) ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE 3 676022 pages, such as an assignment or tornal drawing, must have its own celeficace of mailing. WATSON, COLE, 3. Correspondence address change (Complete only if there is a change) 4. For printing on the patent front 1 GRINDLE & WATSON page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. Barden Fraur Statement: This form is estimated to lake .2 hours to consulat vary depending upon the needs of the individual case. Any comments on the amount of 🕤 time you are required to com/Met@0b50/2 rm shc024 be sent to the Office of 65424500 ncv \0.000. Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budges and Marke and Budges and Market and Description as or Ared Thampieze a 0033), Washington, D.C. 20503. DIP NOT SEND FEES OR COMPLETED FORMS TO (1) NAME OF ASSIGNEE: LUCS OF THE Control of the Control of the Control of the Control of Control o (2) ADDRESS: (CITY & STATE OR COUNTRY) 6b. The following feet should be charged (\$100) (125) Fara Vicentin (VI) ITALY DEPOSIT ACCOUNT NUMBER 23-0575 (ENCLOSE PART C) Advance Order - # of Copies

Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent.

A. This application is NOT assigned.

directed to Box ASSIGNMENTS.

XXAssignment previously submitted to the Patent and Trademark Office.

Assignment is being submitted under separate cover. Assignments should be

X Arry Deficiencie

requested to apply the Iss

No. John P

9/28/95 25,50\$

(Date)

ee will not be accepted from anyone other than the v or agent; or the assignee or other party ered attorn in Interest as shown by the records of the Patent and Trademark Office.

Fee to the application Identified ab

in Enclosed Fees

The COMMISSIONER ON PATENTS AND TRADEMARKS IS

 $\pm 1$  . Transmit this form with fee-certificate of mailing on reverse